

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac St.

Suite 400

☐ Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Anderson

Signature of Treasurer

Electronically Filed by Brent Anderson

Date

12

30

1899

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Massachusetts Republican State Congressional Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	77412.05
(b) Cash on Hand at Beginning of Reporting Period	466782.21	
(c) Total Receipts (from Line 19)	309625.00	3060308.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	776407.21	3137720.80
7. Total Disbursements (from Line 31)	584454.47	2945768.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	191952.74	191952.74
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	5660.20	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	276175.00	1970046.50
(ii) Unitemized	450.00	57460.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	276625.00	2027507.38
(b) Political Party Committees	0.00	55.00
(c) Other Political Committees (such as PACs)	33000.00	83922.37
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	309625.00	2111484.75
12. Transfers From Affiliated/Other Party Committees	0.00	948824.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	309625.00	3060308.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	309625.00	3060308.75

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	487454.47	1416842.75	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	487454.47	1416842.75	
22. Transfers to Affiliated/Other Party Committees.....	0.00	243000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	677026.52	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	97000.00	608898.79	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	97000.00	608898.79	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	584454.47	2945768.06	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	584454.47	2945768.06	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	309625.00	2111484.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	309625.00	2111484.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	487454.47	1416842.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	487454.47	1416842.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Pac Alvarez and Marsal

Mailing Address 2001 K Street, NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 01111.C187121

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Gordon Asack

Mailing Address 400 Plain St

City

Brockton

State

MA

Zip Code

02302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation

Best Effort Sent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186888

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

James Bailey

Mailing Address 100 Summer St.

City

Boston

State

MA

Zip Code

02110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation

Best Effort Sent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 01111.C187187

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

James Bailey

Mailing Address 100 Summer St.

City

Boston

State

MA

Zip Code

02110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation

Best Effort Sent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 01111.C187188

Amount of Each Receipt this Period

-5000.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Barber

Mailing Address 381 Beacon St

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TA Associates

Occupation

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01111.C187157

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Barker

Mailing Address 437 Marlborough Street, #11

City

Boston

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Attorney

Occupation

Foley Hoag

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 1 0

Transaction ID: 01202.C187246

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Daniel Bathon

Mailing Address 23 Slocum Road

City

Lexington

State

MA

Zip Code

02421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windspeed Ventures

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01016.C186615

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Black

Mailing Address 43 Jeffrey Road

City

Wayland

State

MA

Zip Code

01778

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 1 0

Transaction ID: 01202.C187253

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John Brock

Mailing Address 25 Windy Ridge Pkwy

City

Atlanta

State

GA

Zip Code

30339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coca Cola

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 01111.C186731

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

12750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Brock

Mailing Address 25 Windy Ridge Pkwy

City

Atlanta

State

GA

Zip Code

30339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coca Cola

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 01111.C186732

Amount of Each Receipt this Period

-6500.00

B.

Full Name (Last, First, Middle Initial)

John Brock

Mailing Address 25 Windy Ridge Pkwy

City

Atlanta

State

GA

Zip Code

30339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coca Cola

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01111.C186941

Amount of Each Receipt this Period

-4500.00

C.

Full Name (Last, First, Middle Initial)

Mary Brock

Mailing Address 781 Crandon BLVD Apt 604

City

Key Biscayne

State

FL

Zip Code

33149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Housewife

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: 01111.C186703

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Edward Choate

Mailing Address 27 Candleberry Ln

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Choate & Associates

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186885

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mary Ann Choate

Mailing Address 27 Candleberry Ln

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186853

Amount of Each Receipt this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

Mary Ann Choate

Mailing Address 27 Candleberry Ln

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186854

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 81

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Christensen

Mailing Address 74 Regent St

City

Cambridge

State

MA

Zip Code

02140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186916

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth Christensen

Mailing Address 74 Regent St

City

Cambridge

State

MA

Zip Code

02140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186917

Amount of Each Receipt this Period

-5000.00

C.

Full Name (Last, First, Middle Initial)

Patricia Conrades

Mailing Address 344 Beacon Street

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 01111.C187090

Amount of Each Receipt this Period

3500.00

SUBTOTAL of Receipts This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nancy Crate

Mailing Address 820 Hale Street

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01111.C187081

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Thomas Cunningham

Mailing Address 6920 Blaisdell Rd

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nauticon Imaging Solutions

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186900

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Cunningham

Mailing Address 6920 Blaisdell Rd

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nauticon Imaging Solutions

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186901

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Randi Cutler

Mailing Address 220 Boylston St

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation

Best Effort Sent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	1	0

Transaction ID: 01111.C186883

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Paul Dacier

Mailing Address 92 Woodland Street

City

Sherborn

State

MA

Zip Code

01770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	9	/	2	0	1	0

Transaction ID: 01111.C186724

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

John Dalton

Mailing Address 32 Whaler Ln

City

Quincy

State

MA

Zip Code

02171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation

Best Effort Sent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	1	0

Transaction ID: 01111.C186865

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Dalton

Mailing Address 1157 Hancock St.

City

Quincy

State

MA

Zip Code

02169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186866

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Steven Dodge

Mailing Address 239 Summer St.

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windover Development LLC

Occupation

Real Estate/Construction

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186892

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Antonio Frias

Mailing Address 20 Cedar Street

City

Hudson

State

MA

Zip Code

01749

FEC ID number of contributing
federal political committee.

C

Name of Employer
S & F Concrete

Occupation

Owner/CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186897

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Antonio Frias

Mailing Address 20 Cedar Street

City

Hudson

State

MA

Zip Code

01749

FEC ID number of contributing
federal political committee.

C

Name of Employer
S & F Concrete

Occupation

Owner/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186898

Amount of Each Receipt this Period

-5000.00

B.

Full Name (Last, First, Middle Initial)

Jerold Gnazzo

Mailing Address 169 Commonwealth Ave

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 01111.C187112

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Doris Hearty

Mailing Address 27 Silver Hill Rd

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 01111.C186819

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Doris Hearty

Mailing Address 27 Silver Hill Rd

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 01111.C187122

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

James Hearty

Mailing Address PO Box 2217

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clough Capital

Occupation

Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 01111.C186818

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Henry Helgeson

Mailing Address 17 Rutland Square

City

Boston

State

MA

Zip Code

02118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merchant Warehouse

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01111.C187078

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Henken

Mailing Address 3 Partridge Hill Rd

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
schochet Associates

Occupation
real estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186789

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

David Herro

Mailing Address 65 E Goethe

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALP

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01016.C186599

Amount of Each Receipt this Period

7500.00

C.

Full Name (Last, First, Middle Initial)

David Herro

Mailing Address 65 E Goethe

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALP

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01016.C186600

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Regina Herzlinger

Mailing Address 560 Concord Ave

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Business School

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01016.C186587

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Regina Herzlinger

Mailing Address 500 Concord Ave

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Business School

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: BS1

Amount of Each Receipt this Period

-5000.00

C.

Full Name (Last, First, Middle Initial)

George Hoguet

Mailing Address 17 Chesam Rd.

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Street Global Advis-
ors

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: BS5

Amount of Each Receipt this Period

-2500.00

SUBTOTAL of Receipts This Page (optional)

-7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Jeffries

Mailing Address 12 Brimmer St.

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.B. Jeffries Consultants

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 1 0

Transaction ID: 01202.C187251

Amount of Each Receipt this Period

1875.00

B.

Full Name (Last, First, Middle Initial)

Darlene Jordan

Mailing Address 203 South Lake Trail

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helman Jordan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01016.C186608

Amount of Each Receipt this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

Darlene Jordan

Mailing Address 203 South Lake Trail

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helman Jordan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01016.C186609

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

11875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Kaneb

Mailing Address 34 Masconomo St

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Oil/HP Hood

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186793

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

John Kaneb

Mailing Address 34 Masconomo St

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gulf Oil/HP Hood

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186794

Amount of Each Receipt this Period

-5000.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Kislak

Mailing Address 9999 NE 2 Avenue
Sutie 306

City

Miami Shores

State

FL

Zip Code

33138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Antares Capital Corp.

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: BS2

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Jonathan Kutchins

Mailing Address 28 Exeter St
#703City State Zip Code
Boston MA 02116FEC ID number of contributing
federal political committee.

C

Name of Employer
Exeter GroupOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 01111.C186796

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Kutchins

Mailing Address 28 Exeter St
#703City State Zip Code
Boston MA 02116FEC ID number of contributing
federal political committee.

C

Name of Employer
Exeter GroupOccupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: 01111.C186797

Amount of Each Receipt this Period

-5000.00

C.

Full Name (Last, First, Middle Initial)

Scott Lemay

Mailing Address 94 Fox Run Rd

City State Zip Code
Bolton MA 01740FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Self employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: 01111.C186891

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Levy

Mailing Address 84 High St.
Apt. 204

City State Zip Code
Medford MA 02155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01111.C187141

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Arthur Mabbett

Mailing Address 37 Powderhouse Rd Ext

City State Zip Code
Medford MA 02155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mabbett and Associates

Occupation
Environmental Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186915

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Linda McLane

Mailing Address 77 Dean Road

City State Zip Code
Weston MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01111.C187155

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Moore

Mailing Address 51 Baker Place

City

Newton

State

MA

Zip Code

02462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwane Moris

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01111.C186690

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Paul Moore

Mailing Address 51 Baker Place

City

Newton

State

MA

Zip Code

02462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwane Moris

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01111.C186926

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

William Munsell

Mailing Address 2119 Windsong Circle

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Group

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01111.C186695

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

19000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

William Munsell

Mailing Address 2119 Windsong Circle

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Health Group

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01111.C186696

Amount of Each Receipt this Period

-5000.00

B.

Full Name (Last, First, Middle Initial)

Frederick Muzi

Mailing Address 10 Powisset St.

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01111.C186950

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ofer Nemirovsky

Mailing Address 4 Berkeley Street

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbourvest Partners

Occupation
Private Equity Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: BS6

Amount of Each Receipt this Period

-2500.00

SUBTOTAL of Receipts This Page (optional)

-6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paul Noble

Mailing Address 110 Black Rock Drive

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: 01111.C187099

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dawn Nordblom

Mailing Address 200 Barnes Hill Road

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186904

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Pamela Norley

Mailing Address 7 Edgehill Road

City

Hopkinton

State

MA

Zip Code

01784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01111.C186771

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Pamela Norley

Mailing Address 7 Edgehill Road

City

Hopkinton

State

MA

Zip Code

01784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186799

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Abiomed Inc. Pac

Mailing Address 22 Cherry Hill Drive

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 01111.C186814

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Freedom First Pac

Mailing Address PO Box 9190

City

Saint Paul

State

MN

Zip Code

55109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186781

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Haleys Pac

Mailing Address PO Box 1186

City

Jackson

State

MS

Zip Code

39215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 01130.C187243

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kimberly Pallotta

Mailing Address 180 Ash St

City

Weston

State

MA

Zip Code

02493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raptor Capital Management

Occupation

Investment Mgmt.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 01111.C186835

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Anastasios Parafestas

Mailing Address 29 Westwood Dr.

City

Worcester

State

MA

Zip Code

01609

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Bollard Group

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 01111.C186813

Amount of Each Receipt this Period

4500.00

SUBTOTAL of Receipts This Page (optional)

15500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Pascucci

Mailing Address 454 Grove St

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose Grove Capital

Occupation

Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186790

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Michael Pascucci

Mailing Address 454 Grove St

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose Grove Capital

Occupation

Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01111.C186791

Amount of Each Receipt this Period

-5000.00

C.

Full Name (Last, First, Middle Initial)

David Pietro

Mailing Address 9 Wintergreen Lane

City

Sandwich

State

MA

Zip Code

02563

FEC ID number of contributing
federal political committee.

C

Name of Employer
DGP Miles

Occupation

Insurance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01111.C186890

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Porter

Mailing Address 44 Green Hill Rd.

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Business School

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: 01111.C187183

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Benjamin Rajotte

Mailing Address 182 Beths Ave.

City

Bristol

State

CT

Zip Code

06010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 01111.C186753

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John Remondi

Mailing Address 300 Boylston St. Apt. 507

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: BS3

Amount of Each Receipt this Period

-4950.00

SUBTOTAL of Receipts This Page (optional)

-2200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Larry Renfro

Mailing Address 5 Dove Ln

City

Andover

State

MA

Zip Code

01810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Effort Sent

Occupation

Best Effort Sent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: 01111.C186826

Amount of Each Receipt this Period

10000.00

B.

Full Name (Last, First, Middle Initial)

Laura Reynolds

Mailing Address 153 Garfield Road

City

Concord

State

MA

Zip Code

01742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 01111.C186975

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Edgar Rios

Mailing Address 1650 Tysons Blvd.

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: 01111.C186767

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Richard Russell

Mailing Address 8 Pegan Lane

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: 01130.C187242

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Kambiz Shahbazi

Mailing Address 425 East 58th Street, Apartment 4E

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
real estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: 01111.C186837

Amount of Each Receipt this Period

10000.00

C.

Full Name (Last, First, Middle Initial)

Ronald Skates

Mailing Address 4 Boardman Avenue

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01111.C186924

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 81

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Winn

Mailing Address 6 Fanueil Hall Marketplace

City

Boston

State

MA

Zip Code

02109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Winn ManagementOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01111.C187223

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Claudia Wu

Mailing Address 25 Sewall St

City

Newton

State

MA

Zip Code

02465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186856

Amount of Each Receipt this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

Claudia Wu

Mailing Address 25 Sewall St

City

Newton

State

MA

Zip Code

02465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186857

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Steven Wymer

Mailing Address 19 Marlboro St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: 01111.C187177

Amount of Each Receipt this Period

15000.00

B.

Full Name (Last, First, Middle Initial)

Steven Wymer

Mailing Address 19 Marlboro St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fidelity Investments

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 1 0

Transaction ID: BS4

Amount of Each Receipt this Period

-5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

276175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 81

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 First Street SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Political Committee

Occupation
FEC ID: C00003418

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: 01202.C187245

Amount of Each Receipt this Period

28000.00

B.

Full Name (Last, First, Middle Initial)
James Devita, R. Ph.

Mailing Address CVS Corporation- Regulatory Compli
One CVS Drive

City State Zip Code
Woonsocket RI 02895

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAC

Occupation
PAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Transaction ID: 01111.C186868

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

33000.00

TOTAL This Period (last page this line number only)

33000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Pierce Tria

Mailing Address 210 Brooks Ben

City
Princeton

State
NJ

Zip Code
08540

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12622

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1082.54

B.

Full Name (Last, First, Middle Initial)

Pierce Tria

Mailing Address 210 Brooks Ben

City
Princeton

State
NJ

Zip Code
08540

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12665

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1082.55

C.

Full Name (Last, First, Middle Initial)

Pierce Tria

Mailing Address 210 Brooks Ben

City
Princeton

State
NJ

Zip Code
08540

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12693

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1082.55

SUBTOTAL of Disbursements This Page (optional)

3247.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John Brock

Mailing Address 25 Windy Ridge Pkwy

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12650

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

6500.00

B.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8

City Boston State MA Zip Code 02127

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12613

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1002.13

C.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8

City Boston State MA Zip Code 02127

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12656

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1002.14

SUBTOTAL of Disbursements This Page (optional)

8504.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tim Buckley

Mailing Address 55 W Broadway #8

City
Boston

State
MA

Zip Code
02127

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12684

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1002.13

B.

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street

City
Swampscott

State
MA

Zip Code
01907

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12614

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

979.03

C.

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street

City
Swampscott

State
MA

Zip Code
01907

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12657

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

979.04

SUBTOTAL of Disbursements This Page (optional)

2960.20

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Ryan Coleman

Mailing Address 9 Stearms Street

City State Zip Code
Swampscott MA 01907Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12685

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	1	0

Amount of Each Disbursement this Period

979.03

B.

Full Name (Last, First, Middle Initial)

Curley Direct

Mailing Address 15 Fruean Ave

City State Zip Code
Yarmouth MA 02664Purpose of Disbursement
MAILINGS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12711

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

29091.47

C.

Full Name (Last, First, Middle Initial)

Curley Direct

Mailing Address 15 Fruean Ave

City State Zip Code
Yarmouth MA 02664Purpose of Disbursement
MAILINGS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12712

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

29091.47

SUBTOTAL of Disbursements This Page (optional)

59161.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 01202.E12655 Date of Disbursement																				
Mailing Address 3 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Dover State MA Zip Code 02030	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1538.71</td> </tr> </table>	1538.71																			
1538.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Tarah Donoghue	Transaction ID: 01202.E12683 Date of Disbursement																				
Mailing Address 3 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City Dover State MA Zip Code 02030	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1538.70</td> </tr> </table>	1538.70																			
1538.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Tara Esfahanian	Transaction ID: 01202.E12643 Date of Disbursement																				
Mailing Address 177 Upham St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONSULTING FEE	<table border="1"> <tr> <td colspan="10">4987.44</td> </tr> </table>	4987.44																			
4987.44																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8064.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City
Melrose

State
MA

Zip Code
02176

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12644

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Tara Esfahanian

Mailing Address 177 Upham St.

City
Melrose

State
MA

Zip Code
02176

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12701

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City
Brookline

State
MA

Zip Code
02446

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12615

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

630.70

SUBTOTAL of Disbursements This Page (optional)

7130.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City Brookline State MA Zip Code 02446

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12658

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

630.69

B.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City Brookline State MA Zip Code 02446

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12678

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

178.10

C.

Full Name (Last, First, Middle Initial)

Anthony Ferrucci

Mailing Address 62 Dwight St. Apt. #1

City Brookline State MA Zip Code 02446

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12686

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

630.70

SUBTOTAL of Disbursements This Page (optional)

1439.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12616

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

960.33

B.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12659

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

960.33

C.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12677

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

382.73

SUBTOTAL of Disbursements This Page (optional)

2303.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kaitlyn Greeley

Mailing Address 34 Fresno St.

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12687

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

960.33

B.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City
Quincy

State
MA

Zip Code
02170

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12617

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1015.53

C.

Full Name (Last, First, Middle Initial)

Kirsten Hughes

Mailing Address 72 Davis Street

City
Quincy

State
MA

Zip Code
02170

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12660

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1013.21

SUBTOTAL of Disbursements This Page (optional)

2989.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Kirsten Hughes	Transaction ID: 01202.E12688 Date of Disbursement																				
Mailing Address 72 Davis Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City Quincy State MA Zip Code 02170	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1013.22</td> </tr> </table>	1013.22																			
1013.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Amy Kelly	Transaction ID: 01202.E12681 Date of Disbursement																				
Mailing Address 157 Rice Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Quincy State MA Zip Code 02170	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHOTOGRAPHY	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Nick Lehr	Transaction ID: 01202.E12618 Date of Disbursement																				
Mailing Address 38 Saunders Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Boston State MA Zip Code 02134	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1002.13</td> </tr> </table>	1002.13																			
1002.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2515.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.

City State Zip Code
Boston MA 02134

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1002.14

B.

Full Name (Last, First, Middle Initial)

Nick Lehr

Mailing Address 38 Saunders Rd.

City State Zip Code
Boston MA 02134

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1002.13

C.

Full Name (Last, First, Middle Initial)

Kristen Lepore

Mailing Address 47 Driscoll Street

City State Zip Code
Peabody MA 01960

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12699

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4504.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12619

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2145.65

B.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12662

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2145.66

C.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12680

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

88.00

SUBTOTAL of Disbursements This Page (optional)

4379.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nathan Little

Mailing Address 83 Congreeve

City
Boston

State
MA

Zip Code
02131

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12690

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2145.65

B.

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City
Melrose

State
MA

Zip Code
02176

Purpose of Disbursement
CONSULTANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12641

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Melissa Lucas

Mailing Address 22 Slayton Road

City
Melrose

State
MA

Zip Code
02176

Purpose of Disbursement
CONSULTING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12642

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4241.00

SUBTOTAL of Disbursements This Page (optional)

8886.65

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Melissa Lucas	Transaction ID: 01202.E12700 Date of Disbursement																				
Mailing Address 22 Slayton Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Melrose State MA Zip Code 02176	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONSULTING FEE Candidate Name	<table border="1"> <tr> <td colspan="10">4121.00</td> </tr> </table>	4121.00																			
4121.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01202.E12620 Date of Disbursement																				
Mailing Address 209 bunker hill st Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL Candidate Name	<table border="1"> <tr> <td colspan="10">1140.96</td> </tr> </table>	1140.96																			
1140.96																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Magan Munson	Transaction ID: 01202.E12630 Date of Disbursement																				
Mailing Address 209 bunker hill st Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Boston State MA Zip Code 02129	Amount of Each Disbursement this Period																				
Purpose of Disbursement REIMBURSEMENT Candidate Name	<table border="1"> <tr> <td colspan="10">75.99</td> </tr> </table>	75.99																			
75.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5337.95

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Massachusetts Republican State Congressional Committee

261.17

1136.58

1136.60

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Magan Munson

Mailing Address 209 bunker hill st
Apt 1

City Boston State MA Zip Code 02129

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12702

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

54.20

B.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City Boston State MA Zip Code 02129

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12676

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

480.45

C.

Full Name (Last, First, Middle Initial)

Tim Obrien

Mailing Address

City State Zip Code

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12739

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

8653.85

SUBTOTAL of Disbursements This Page (optional)

9188.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Cambridge Offset

Mailing Address

City

State

Zip Code

Purpose of Disbursement

INVITATION PRINTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 01202.E12729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6747.00

B.

Full Name (Last, First, Middle Initial)

Rp One Owner

Mailing Address PO Box 845516

City

Boston

State

MA

Zip Code

02105

Purpose of Disbursement

PARKING SPACE RENTAL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 01202.E12717

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9000.00

C.

Full Name (Last, First, Middle Initial)

Peter Pan

Mailing Address

City

State

Zip Code

Purpose of Disbursement

TRANSPORTATION

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 01202.E12731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1025.00

SUBTOTAL of Disbursements This Page (optional)

16772.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Pan

Mailing Address

City

State

Zip Code

Purpose of Disbursement

TRANSPORTATION RENTAL

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 01202.E12740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

2725.00

B.

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City

Cambridge

State

MA

Zip Code

02138

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 01202.E12621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Amount of Each Disbursement this Period

1523.41

C.

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City

Cambridge

State

MA

Zip Code

02138

Purpose of Disbursement

PAYROLL

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 01202.E12664

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Amount of Each Disbursement this Period

1516.34

SUBTOTAL of Disbursements This Page (optional)

5764.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Michael Rigas

Mailing Address 24 Concord Ave, Apt 415

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12692

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

151.62

B.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 24 Sidlaw Road Apt 3

City State Zip Code
Brighton MA 02135

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12623

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1410.34

C.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 24 Sidlaw Road Apt 3

City State Zip Code
Brighton MA 02135

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12666

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1410.35

SUBTOTAL of Disbursements This Page (optional)

2972.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 24 Sidlaw Road Apt 3

City
Brighton

State
MA

Zip Code
02135

Purpose of Disbursement
REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12679

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

644.03

B.

Full Name (Last, First, Middle Initial)

William Walker

Mailing Address 24 Sidlaw Road Apt 3

City
Brighton

State
MA

Zip Code
02135

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12694

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1410.34

C.

Full Name (Last, First, Middle Initial)

Matthew Wood

Mailing Address 33D Westvale Meadows

City
Concord

State
MA

Zip Code
01742

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12624

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

949.02

SUBTOTAL of Disbursements This Page (optional)

3003.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Matthew Wood	Transaction ID: 01202.E12667 Date of Disbursement																				
Mailing Address 33D Westvale Meadows	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Concord State MA Zip Code 01742	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">949.01</td> </tr> </table>	949.01																			
949.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matthew Wood	Transaction ID: 01202.E12695 Date of Disbursement																				
Mailing Address 33D Westvale Meadows	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City Concord State MA Zip Code 01742	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">949.02</td> </tr> </table>	949.02																			
949.02																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mike Yacobian	Transaction ID: 01202.E12625 Date of Disbursement																				
Mailing Address 64 Wellesley St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Weston State MA Zip Code 02493	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">979.04</td> </tr> </table>	979.04																			
979.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2877.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Mike Jacobian	Transaction ID: 01202.E12668 Date of Disbursement																				
Mailing Address 64 Wellesley St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Weston State MA Zip Code 02493	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">979.04</td> </tr> </table>	979.04																			
979.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Mike Jacobian	Transaction ID: 01202.E12696 Date of Disbursement																				
Mailing Address 64 Wellesley St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City Weston State MA Zip Code 02493	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">979.03</td> </tr> </table>	979.03																			
979.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Advantage Payroll Services	Transaction ID: 01202.E12626 Date of Disbursement																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Concord State MA Zip Code 01742	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL FEE	<table border="1"> <tr> <td colspan="10">6909.79</td> </tr> </table>	6909.79																			
6909.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8867.86

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Advantage Payroll Services	Transaction ID: 01202.E12669 Date of Disbursement																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Concord State MA Zip Code 01742	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL FEE	<table border="1"> <tr> <td colspan="10">6907.10</td> </tr> </table>	6907.10																			
6907.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Advantage Payroll Services	Transaction ID: 01202.E12697 Date of Disbursement																				
Mailing Address 747 Main Street #222	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
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1	1		1	0		2	0	1	0												
City Concord State MA Zip Code 01742	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">6908.32</td> </tr> </table>	6908.32																			
6908.32																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: 01202.E12706 Date of Disbursement																				
Mailing Address PO Box 1270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
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1	1		1	5		2	0	1	0												
City Newark State NJ Zip Code 07101	Amount of Each Disbursement this Period																				
Purpose of Disbursement CC	<table border="1"> <tr> <td colspan="10">2788.06</td> </tr> </table>	2788.06																			
2788.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

16603.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Barrows Insurance

Mailing Address 215 North Main Street

City Mansfield State MA Zip Code 02048

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12635

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

520.00

B.

Full Name (Last, First, Middle Initial)

Blue Cross Blue Shield of Massachusetts

Mailing Address Landmark Center
401 Park Drive

City Boston State MA Zip Code 02215

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12675

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

10453.18

C.

Full Name (Last, First, Middle Initial)

Boston Balloon Events

Mailing Address 25 Dry Dock Rd

City Boston State MA Zip Code 02210

Purpose of Disbursement
BALLOONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12722

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

14973.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Boston Balloon Events</p> <p>Mailing Address 25 Dry Dock Rd</p> <p>City Boston State MA Zip Code 02210</p> <p>Purpose of Disbursement BALLOONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01202.E12734</p> <p>Date of Disbursement 11 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 1471.88</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Boston Coach</p> <p>Mailing Address 70 Fargo St</p> <p>City Boston State MA Zip Code 02210</p> <p>Purpose of Disbursement TRANSPORTATION RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01202.E12721</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 4624.43</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Boston Park Plaza</p> <p>Mailing Address 64 Arlington St.</p> <p>City Boston State MA Zip Code 02116</p> <p>Purpose of Disbursement EVENT ROOM RENTAL FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01202.E12653</p> <p>Date of Disbursement 10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 12111.50</p> <p>PARTY ONLY</p>

SUBTOTAL of Disbursements This Page (optional)

18207.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Bowditch & Dewey

Mailing Address 310 Main St.

City
Worcester

State
MA

Zip Code
01615

Purpose of Disbursement
LEGAL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12728

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

6400.00

B.

Full Name (Last, First, Middle Initial)

Bowditch & Dewey

Mailing Address 310 Main St.

City
Worcester

State
MA

Zip Code
01615

Purpose of Disbursement
LEGAL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12742

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

15400.00

C.

Full Name (Last, First, Middle Initial)

Byte Bulb

Mailing Address The Trimount Company, Inc.
75 Meadowbrook RD.

City
Hanover

State
MA

Zip Code
02339

Purpose of Disbursement
TECHNICAL SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12704

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

21830.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Campaign Homebank</p> <p>Mailing Address One Walnut St. Suite A</p> <p>City Boston State MA Zip Code 02108</p> <p>Purpose of Disbursement AUTOCALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01202.E12710</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Campaign Homebank</p> <p>Mailing Address One Walnut St. Suite A</p> <p>City Boston State MA Zip Code 02108</p> <p>Purpose of Disbursement AUTOCALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01202.E12716</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Cims Inc</p> <p>Mailing Address PO Box 600113</p> <p>City Newton State MA Zip Code 02460</p> <p>Purpose of Disbursement SOFTWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01202.E12720</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3369.98"/></p>

SUBTOTAL of Disbursements This Page (optional)

29369.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Cims Inc

Mailing Address PO Box 600113

City
Newton

State
MA

Zip Code
02460

Purpose of Disbursement
SOFTWARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12732

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

2141.88

B.

Full Name (Last, First, Middle Initial)

Comcast

Mailing Address PO Box 196

City
Newark

State
NJ

Zip Code
07101

Purpose of Disbursement
CABLE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12628

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

114.90

C.

Full Name (Last, First, Middle Initial)

Commonwealth Hotel

Mailing Address 500 Commonwealth Ave

City
Boston

State
MA

Zip Code
02215

Purpose of Disbursement
EVENT RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12714

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

10000.00

PARTY ONLY

SUBTOTAL of Disbursements This Page (optional)

12256.78

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Commonwealth Hotel

Mailing Address 500 Commonwealth Ave

City State Zip Code
Boston MA 02215Purpose of Disbursement
HOTEL RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12724

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Amount of Each Disbursement this Period

4000.00

PARTY ONLY

B.

Full Name (Last, First, Middle Initial)

Commonwealth Hotel

Mailing Address 500 Commonwealth Ave

City State Zip Code
Boston MA 02215Purpose of Disbursement
EVENT RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12735

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 1 0

Amount of Each Disbursement this Period

6976.84

PARTY ONLY

C.

Full Name (Last, First, Middle Initial)

DC Rentals

Mailing Address 5 Whitmere Rd

City State Zip Code
Revere MA 02151Purpose of Disbursement
EQUIP RENTAL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12719

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11976.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Direct Mail Systems

Mailing Address 12450 Automobile Boulevard

City Clearwater State FL Zip Code 33762

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12634

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

395.28

B.

Full Name (Last, First, Middle Initial)

DirecTV

Mailing Address PO Box 60036

City Los Angeles State CA Zip Code 90060

Purpose of Disbursement
SATELLITE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12631

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

49.34

C.

Full Name (Last, First, Middle Initial)

Fast Signs

Mailing Address 693 Cochituaters

City Framingham State MA Zip Code 01701

Purpose of Disbursement
SIGNS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12718

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

243.81

SUBTOTAL of Disbursements This Page (optional)

688.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Fast Signs

Mailing Address 693 Cochituaters

City Framingham State MA Zip Code 01701

Purpose of Disbursement
SIGNS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12730

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

343.13

B.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
SHIPPING BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12649

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

63.95

C.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
SHIPPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12674

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

49.44

SUBTOTAL of Disbursements This Page (optional)

456.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Full Impact Production	Transaction ID: 01202.E12629 Date of Disbursement																				
Mailing Address 97 Betts Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Belmont State MA Zip Code 02478	Amount of Each Disbursement this Period																				
Purpose of Disbursement FUNDRAISING CONSULTING	<table border="1"> <tr> <td>20000.00</td> </tr> </table>	20000.00																			
20000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PARTY ONLY																					
B. Full Name (Last, First, Middle Initial) Full Impact Production	Transaction ID: 01202.E12736 Date of Disbursement																				
Mailing Address 97 Betts Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Belmont State MA Zip Code 02478	Amount of Each Disbursement this Period																				
Purpose of Disbursement CANDIDATE OPERATIONS CONSULTING	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Full Impact Production	Transaction ID: 01202.E12737 Date of Disbursement																				
Mailing Address 97 Betts Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Belmont State MA Zip Code 02478	Amount of Each Disbursement this Period																				
Purpose of Disbursement CANDIDATE OPERATIONS ASSISTANCE	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

28000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

House of Blues

Mailing Address 15 Landsdowne St

City
Boston

State
MA

Zip Code
02105

Purpose of Disbursement
EVENT ROOM RENTAL FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12715

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

8000.00

PARTY ONLY

B.

Full Name (Last, First, Middle Initial)

House of Blues

Mailing Address 15 Landsdowne St

City
Boston

State
MA

Zip Code
02105

Purpose of Disbursement
EVENT FOOD & BEVERAGE FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12723

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

20000.00

PARTY ONLY

C.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City
Philadelphia

State
PA

Zip Code
19170

Purpose of Disbursement
PRINTER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12633

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

782.83

SUBTOTAL of Disbursements This Page (optional)

28782.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Konica Minolta Business Systems	Transaction ID: 01202.E12705 Date of Disbursement																				
Mailing Address P.O. Box 7247-0322	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td colspan="10">2430.75</td> </tr> </table>	2430.75																			
2430.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Massachusetts Republican State Com	Transaction ID: 01202.E12627 Date of Disbursement																				
Mailing Address 85 Merrimac St. Suite 400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRANSFER	<table border="1"> <tr> <td colspan="10">29950.00</td> </tr> </table>	29950.00																			
29950.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Massachusetts Republican State Com	Transaction ID: 01202.E12640 Date of Disbursement																				
Mailing Address 85 Merrimac St. Suite 400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City Boston State MA Zip Code 02114	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRANSFER	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

47380.75

TOTAL This Period (last page this line number only)

B.

Form/Schedule : **SB21b**

Transaction ID : **01202.E12627**

\$5,000 Munsell; \$5,000 Herro; \$4,950 Redmondi; \$5,000 Kislak; \$5,000 Herzlinger; \$5,000 Jordan

C.

Form/Schedule : **SB21b**

Transaction ID : **01202.E12640**

\$5,000 Kutchins \$5,000 Pascucci; \$5,000 Kaneb

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
Massachusetts Republican State Com

Mailing Address 85 Merrimac St.
Suite 400

City Boston State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12645

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

30000.00

B. Full Name (Last, First, Middle Initial)
Massachusetts Republican State Com

Mailing Address 85 Merrimac St.
Suite 400

City Boston State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12651

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

4500.00

\$4,500 Brock

C. Full Name (Last, First, Middle Initial)
Massachusetts Republican State Com

Mailing Address 85 Merrimac St.
Suite 400

City Boston State MA Zip Code 02114

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12682

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

44500.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SB21b**

Transaction ID : **01202.E12645**

\$5,000 Frias; \$5,000 Cunningham; \$2,500 Nemirovsky; \$2,500 Hoguet; \$5,000 Choate; \$5,000 Wu; \$5,000 Christensen

C.

Form/Schedule : **SB21b**

Transaction ID : **01202.E12682**

\$5,000 Wymer; \$5,000 Bailey

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Meridian Air Charter

Mailing Address 485 Industrial Ave

City Teterboro State NJ Zip Code 07608

Purpose of Disbursement
CHARTER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12727

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

11003.74

B.

Full Name (Last, First, Middle Initial)

Noodle Island Photography

Mailing Address

City State Zip Code

Purpose of Disbursement
EVENT PHOTOGRAPHY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12741

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

300.00

PARTY ONLY

C.

Full Name (Last, First, Middle Initial)

Ox-eye Properties

Mailing Address 119 South 14th St.
Suite 300

City Richmond State VA Zip Code 23219

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12707

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

4434.00

SUBTOTAL of Disbursements This Page (optional)

15737.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Ox-eye Properties

Mailing Address 119 South 14th St.
Suite 300

City Richmond State VA Zip Code 23219

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12708

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

569.52

B.

Full Name (Last, First, Middle Initial)

PARTY

Mailing Address

City State Zip Code

Purpose of Disbursement
EVENT FOOD EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12733

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

1923.87

PARTY ONLY

C.

Full Name (Last, First, Middle Initial)

Peterson Party Center

Mailing Address 139 Swanton St

City Winchester State MA Zip Code 01890

Purpose of Disbursement
EVENT SUPPLIES RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12725

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

918.00

PARTY ONLY

SUBTOTAL of Disbursements This Page (optional)

3411.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peterson Party Center

Mailing Address 139 Swanton St

City
Winchester

State
MA

Zip Code
01890

Purpose of Disbursement
EVENT SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12726

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

985.44

PARTY ONLY

B.

Full Name (Last, First, Middle Initial)

Political Ink Inc

Mailing Address Martin Baker
2924 Bells Road

City
Richmond

State
VA

Zip Code
23234

Purpose of Disbursement
MAILER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12637

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

2065.74

C.

Full Name (Last, First, Middle Initial)

SCR & Associates

Mailing Address 4 Leblanc Dr

City
Danvers

State
MA

Zip Code
01923

Purpose of Disbursement
FUNDRAISING CONSULTANT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12647

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

6000.00

PARTY ONLY

SUBTOTAL of Disbursements This Page (optional)

9051.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Seaport Hotel

Mailing Address 1 Seaport Lane

City
Boston

State
MA

Zip Code
02114

Purpose of Disbursement
EVENT FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12638

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

4142.83

PARTY ONLY

B.

Full Name (Last, First, Middle Initial)

Semcasting Inc

Mailing Address 300 Brick Stone
suite 701

City
Andover

State
MA

Zip Code
01810

Purpose of Disbursement
EMAIL DEPLOYMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12709

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Sprint/Nextel

Mailing Address PO Box 17990

City
Denver

State
CO

Zip Code
80217

Purpose of Disbursement
PHONE BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01202.E12671

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

83.66

SUBTOTAL of Disbursements This Page (optional)

9226.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 01202.E12646 Date of Disbursement																				
Mailing Address PO Box 5029	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City Wallingford State CT Zip Code 06492	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE BILL	<table border="1"> <tr> <td colspan="10">344.97</td> </tr> </table>	344.97																			
344.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 01202.E12673 Date of Disbursement																				
Mailing Address PO Box 5029	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	8		2	0	1	0												
City Wallingford State CT Zip Code 06492	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE BILL	<table border="1"> <tr> <td colspan="10">139.53</td> </tr> </table>	139.53																			
139.53																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 01202.E12703 Date of Disbursement																				
Mailing Address PO Box 5029	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Wallingford State CT Zip Code 06492	Amount of Each Disbursement this Period																				
Purpose of Disbursement PHONE BILL	<table border="1"> <tr> <td colspan="10">679.70</td> </tr> </table>	679.70																			
679.70																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1164.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

National Grid

Mailing Address 179 Medford St.

City
Malden

State
MA

Zip Code
02148

Purpose of Disbursement
ELECTRIC BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12639

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

275.18

B.

Full Name (Last, First, Middle Initial)

National Grid

Mailing Address 179 Medford St.

City
Malden

State
MA

Zip Code
02148

Purpose of Disbursement
ELECTRICITY BILL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12672

Date of Disbursement

11 / 08 / 2010

Amount of Each Disbursement this Period

47.87

SUBTOTAL of Disbursements This Page (optional)

323.05

TOTAL This Period (last page this line number only)

487345.99

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 01202.E12632 Date of Disbursement																				
Mailing Address 277 South Washington Street, Suite	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLLING FEE	<table border="1"> <tr> <td>22000.00</td> </tr> </table>	22000.00																			
22000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PARTY ONLY																					
B. Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 01202.E12636 Date of Disbursement																				
Mailing Address 277 South Washington Street, Suite	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLLING	<table border="1"> <tr> <td>22000.00</td> </tr> </table>	22000.00																			
22000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PARTY ONLY																					
C. Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: 01202.E12652 Date of Disbursement																				
Mailing Address 277 South Washington Street, Suite	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement POLLING FEE	<table border="1"> <tr> <td>18000.00</td> </tr> </table>	18000.00																			
18000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PARTY ONLY																					

SUBTOTAL of Disbursements This Page (optional)

62000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Public Opinion Strategies

Mailing Address 277 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12654

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

28000.00

PARTY ONLY

B.

Full Name (Last, First, Middle Initial)

Public Opinion Strategies

Mailing Address 277 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
POLLING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01202.E12698

Date of Disbursement

11 / 11 / 2010

Amount of Each Disbursement this Period

7000.00

PARTY ONLY

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

97000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
FLS Connect

Nature of Debt (Purpose):

Mailing Address 7300 Hudson Blvd. Ste

City State ZIP Code
Saint Paul MN 55128

Outstanding Balance Beginning This Period

3910.20

Transaction ID: LS91217.E11763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3910.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170

Outstanding Balance Beginning This Period

250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional).....

4410.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-Nexis

Nature of Debt (Purpose):

Mailing Address PO Box 7247-7090

City	State	ZIP Code
Philadelphia	PA	19170

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1250.00

2) **TOTALS** This Period (last page this line number only)..... ▶

5660.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)..... ▶

5660.20